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TOTAL AMOUNT OF PAYMENT		(\$) 910.00		Attorney Docket No.		4450-0112P		
METHOD OF	PAYMENT (check	all that apply)						
X Check Credit Card Money Order None Other (please identify):								
Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17								
FEE CALCULATION								
1. BASIC FILIN	G, SEARCH, AND E	XAMINATION F	EES					-
	FI	LING FEES		ARCH FEES		INATION FEES	3	
Application T	ype <u>Fee (\$</u>	Small Entity) Fee (\$)	/ <u>Fee (\$</u>	Small Entity Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fees P	aid (\$)
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CL	AIM FEES							Small Entity
Fee Description							Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)							50 200	25 100
·								180
Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims								
·= X =				Fee (\$) Fee Paid (\$)				
		·						
Indep. Claims	Extra Claims	Fee (\$)	Fee I	Paid (\$)				
	-=	· =	_					
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheet				dditional 50 or fra		eof Fee (\$)	Fee P	aid (\$)
	- 100 =	/50		(round up to a wh	ole numbe	r) x	=	
4. OTHER FEE(S) Fees Paid (S								Paid (\$)
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 790.00								
Other (e.g., l	ate filing surcharge):	1251 Extens	ion for re	iinued examina sponse within f	irst mont	h (see 37		0.00 0.00
SUBMITTED BY		11						· · · · · · · · · · · · · · · · · · ·
Signature	MARI	1		Registration No. (Attorney/Agent)	39,49°	1 Telephone	(703) 205	5-8000
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